

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/031423	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1								
2		1		1			51				
3		1		1			52				
4		1		1			53				
5		1		1			54				
6		1		1			55				
7		1		1			56				
8		1		1			57				
9		1		1			58				
10		1		1			59				
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47							96				
48							97				
49							98				
50							99				
							100				
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←
TOTAL CLAIMS			14				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
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